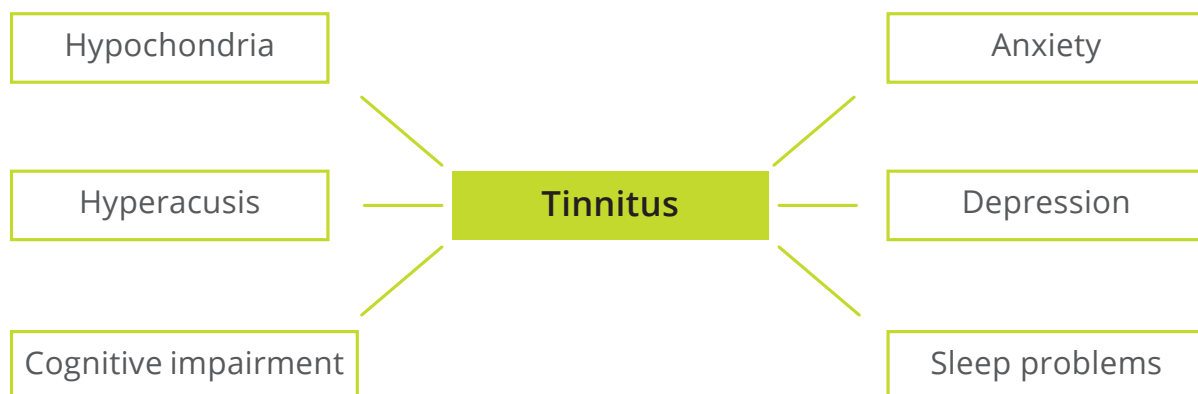


Tinnitus Key Facts For GPs

- Tinnitus is perceived sound in the absence of an external stimulus and is experienced by 10–15% of the population. The sound is usually unformed, such as buzzing, hissing or ringing.¹
- Main risk factors for tinnitus are hearing loss, increasing age and gender (male).¹
- Tinnitus is caused by potentially reversible changes in the brain, not the ear itself.²
- In most cases, tinnitus is associated with hearing impairment due to sudden hearing loss, noise trauma, age-related hearing loss or administration of ototoxic drugs.^{1,2}
- The prevalence of tinnitus is predicted to increase.³
- Patients with tinnitus and hearing loss often report psychological problems: frustration, annoyance, distress, irritability, anxiety, depression, insomnia, poor concentration. The severity can vary.^{1,4,5}
- Tinnitus can be managed but currently not cured. Treatment focuses on symptom reduction (such as hearing aid fitting) and management of psychological consequences of tinnitus.^{1,6}
- Components of tinnitus management may include sound stimulation (hearing aids, sound generators etc), education, relaxation therapy, psychological intervention (e.g. cognitive behavioural therapy) and drugs (antidepressants, anxiolytics, sedatives).^{1,6,7}

Tinnitus is associated with increased levels of psychological problems¹



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